

**POWER OF ATTORNEY
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INDICATION FORM**

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Commissioner for Patents

P.O. Box 1450

Alexandria, VA 22313-1450

Application Number **10/501,973**Filing Date **July 15, 2004**First Named Inventor **John SCHICKLER**Title **Warranty Claim Preparation System**Art Unit **3626**Examiner Name **Pass, Natalie**Attorney Docket No. **53493.001008**

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:

21967Practitioners associated with the **CUSTOMER NUMBER:****OR**

Practitioner(s) named below:

Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:

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I am the:



Applicant/Inventor.



Assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 C.F.R. § 3.73(b) is enclosed. (Form PTO/SB/96).

SIGNATURE of Applicant or Assignee of Record

Signature

John Schickler

Date

9/19/08

Typed or Printed Name

John Schickler

Telephone

585 256 0375

Title and Company

Fleet Cross Holdings Inc.

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.



*Total of 1 forms are submitted.